

**Virginia Department of Health, Division of Disease Prevention  
Ryan White Treatment Modernization Act Part B and HIV Prevention Services  
Public Hearing Minutes  
Richmond, Virginia  
October 28, 2008**

The public hearing began at 10:10 am and closed at 12:10 pm. There were 19 attendees and 5 representatives from the Virginia Department of Health (VDH).

Jennifer Flannagan, HIV Prevention Planner, opened the meeting by welcoming everyone and introducing VDH staff. Ms. Flannagan gave an overview of VDH's HIV Prevention programs, informed participants that materials regarding HIV Prevention and HIV Care Services were available on the back table as well as applications for membership to the Virginia HIV Community Planning Committee (HCPC). Ms. Flannagan then opened the floor for public comment on HIV prevention issues.

An Outreach Specialist, funded through the Men who Have Sex with Men (MSM) HIV Prevention Grant, reported positive feedback from his intervention participants. He stated that they are learning how to protect themselves and has recruited young MSM through the intervention to get tested for HIV. Another participant stated that there is a trend of young women engaging in high risk behavior and an increase in survival sex among young people. Participants also noted that there are high numbers of injecting drug users who do not know their status and are testing for the first time.

Participants voiced concerns about young people getting tested often and thinking that their partners must be negative if their test result is negative. Ms. Flannagan explained that VDH is responding to the changing epidemic by funding projects that specifically prioritize youth and, in particular, young African American men who have sex with men. Participants also discussed the importance of education regarding all STDs as well as HIV (including educating parents on how to talk to their kids about sex/HIV/STDs). Discussion surrounding the use of the internet in finding sexual partners included response from Ms. Flannagan regarding current VDH programs that are funded to provide education and testing via popular internet sites. Discussion about the importance of the use of condoms and education regarding condom negotiation and risk perception was followed by reminders of the importance of female condoms as a choice for women. The participant stated that there is little education about how to use female condoms and they are often unavailable/behind the sales counter.

Attendees stated that the stigma surrounding HIV continues to be a barrier in prevention and that there is a need to increase funding to expand programs and get the word out about prevention programs/resources that are available in the community. Ms. Taylor-Donahue and Ms. Flannagan responded that, with the recently release HIV Incidence Data from the Centers for Disease Control (CDC), there is the possibility that HIV Prevention funding will increase in the next funding cycle. Ted Heck, HIV Prevention contract monitor, encouraged people to lobby both state and federal legislators for increased funding. One participant noted the importance of program evaluation to

evaluate programs for efficacy as one strategy to justify funding. Finally, participants expressed their appreciation of HIV professionals who come out to community groups to do education.

Next, Shelley Taylor-Donahue, HIV Care Planner, gave an overview of current activities underway with regard to the Statewide Coordinated Statement of Need and the Statewide Comprehensive Plan, and discussed the HIV services delivery system in Virginia. Ms. Taylor-Donahue then opened the floor up for public comment on HIV services issues.

The primary issue of concern was housing. Several participants expressed concerns about the lack of affordable, appropriate housing. Participants reported that there is also a lack of long-term housing and limited availability of Housing Opportunities for People with AIDS (HOPWA) funding/assistance with no long-term assistance beyond HOPWA. In addition, participants reported that there are limited housing options for individuals with criminal backgrounds and/or who are recently incarcerated. Participants also reported that there is limited placement availability for certain homeless individuals (single females without children, single males with children). Several participants remarked that, with the current economy, there are many consumers in imminent danger of losing their homes with limited resources to assist them. One participant pointed out that unstable housing is a leading cause of non-adherence for people living with HIV. Ms. Taylor-Donahue responded to these concerns by stating that housing is a leading issue of concern across the state and that VDH is aware of the need for housing assistance. Ms. Taylor-Donahue also stated that, in view of the upcoming "sunset" of the Ryan White Treatment Modernization Act, it is possible that support services, such as housing, will be cut or received decreased funds. In anticipation of these changes, VDH HIV Care Services is committed to pursuing alternative sources of funding in order to provide services that are needed for people living with HIV/AIDS in Virginia.

The next issue of concern was transportation. Participants cited the lack of public transportation for individuals who do not live in the Richmond area. One provider noted that transportation very expensive when you have to pay the transportation provider to wait for clients who live far away from services. This cost increases after 5pm. In addition, programs can't afford to provide transportation to other specialty clinics or for medication pickup, so clients are encouraged to make appointments on the same day to maximize this benefit. Ms. Taylor-Donahue acknowledged these concerns and noted that this is also a major issue for other areas of the state where services are geographically located far away from many clients. Discussion regarding the recruitment and retention of additional providers ensued.

Mr. Safere Diawara then gave an overview of the Quality Management/Peer Review process, the AIDS Drug Assistance Plan (ADAP), the Statewide Pharmaceutical Assistance Program (SPAP) and requested suggestions from the group regarding the planning process.

One participant reported a concern about the lag time for receiving reports after a site review being too long. This participant would like to have them within a week (or 30 days) so that agency can start working on corrective action plan. Mr. Diawara, and a representative from the Lead Agency for the Ryan White Part B program, explained the process more thoroughly and made a commitment to make the process as timely as possible given all the steps that must be followed.

Discussion regarding dental services arose with one consumer stating that “5% is too much of a copay for someone on a fixed income to pay”. A representative from the Lead Agency for the Ryan White Part B program stated that there is a \$1000 cap per client per year for dental services and that the item that she needed, crowns, were not covered. The representative went on to state that, often, dental providers and clients have to strategically plan their care so that it overlaps two grant years so that services are covered. Mr. Diawara stated that VDH may also be able to increase funding so that the cap can be suspended for the rest of the grant year. He offered to discuss this with the Lead Agency after the meeting.

Finally, there was lengthy discussion regarding pharmacy services at the A. D. Williams Pharmacy at Virginia Commonwealth University (VCU). The first statement, made by a provider, was that there was a possibility that the pharmacy would be relocating to Southside Plaza within the next year. Discussion followed regarding the impact on clients who receive care at VCU, who already have transportation issues, not being able to get to the pharmacy if it were no longer located in the same building as their medical provider. Additional discussion revolved around the wait time and overwhelming processes at A.D. Williams even if you call your refills in ahead of time. Participants voiced concerns about physically disabled clients who are unable to stand in line for long periods of time, transportation issues if clients have to wait 2-4 hours for their medications, the difference between picking up ADAP versus non-ADAP medications. Mr. Diawara stated that VDH has worked with A. D. Williams in the past regarding service provision issues. Mr. Diawara stated that he will investigate these issues and VDH will take appropriate action to try to remediate them.

One provider complimented VDH on adding psychiatric, anti-tuberculosis and diabetes medications to the ADAP formulary. However, one participant suggested that methadone should be available through ADAP. Mr. Diawara explained the process of adding medications to the ADAP formulary through the ADAP Advisory Committee and recommended that the participant follow this process.